AN ACT

Amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes, providing for the Health Care Cost Containment Council, for its powers and duties, for health care cost containment through the collection and dissemination of data, for public accountability of health care costs and for health care for the indigent.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Title 35 of the Pennsylvania Consolidated Statutes is amended by adding a part to read:

PART II

REGULATED ENTITIES

Chapter

33. Health Care Cost Containment

CHAPTER 33

HEALTH CARE COST CONTAINMENT

Sec.

3301. Short title of chapter.

3302. Definitions.

§ 3301. Short title of chapter.

This chapter shall be known and may be cited as the Health Care Cost Containment Act.

§ 3302. Definitions.

The following words and phrases when used in this chapter shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Ambulatory service facility." A facility licensed in this Commonwealth which is not part of a hospital and which provides medical, diagnostic or surgical treatment to patients not requiring hospitalization, including ambulatory surgical facilities, ambulatory imaging or diagnostic centers, birthing centers, freestanding emergency rooms and any other facilities providing ambulatory care which charge a separate facility charge. The term does not include the offices of private physicians or dentists, whether for individual or group practices.
"Charge" or "rate." The amount billed by a provider for specific goods or services provided to a patient, prior to any adjustment for contractual allowances.


"Covered services." Any health care services or procedures connected with episodes of illness or injury that require either inpatient hospital care or major ambulatory service, including any initial and follow-up outpatient services associated with the episode of illness or injury before, during or after inpatient hospital care or major ambulatory service. The term does not include routine outpatient services connected with episodes of illness that do not require hospitalization or major ambulatory service.

"Data." Data collected by the council under section 3305 (relating to data submission and collection). The term includes raw data.

"Data source." The term includes a provider.

"Health care facility." A general or special hospital, including:

   (1) Psychiatric hospitals.
   (2) Kidney disease treatment centers, including freestanding hemodialysis units.
   (3) Ambulatory service facilities.
   (4) Hospices, including hospices operated by an agency of State or local government.

"Health care insurer." A person, corporation or other entity that offers administrative, indemnity or payment services for health care in exchange for a premium or service charge under a program of health care benefits, including, but not limited to:

   (1) An insurance company, association or exchange
issuing health insurance policies in this Commonwealth
governed by the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

(2) A hospital plan corporation as defined in 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations).

(3) A professional health service corporation as defined in 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).


(5) A third-party administrator governed by Article X of the act of May 17, 1921 (P.L.789, No.285), known as The Insurance Department Act of 1921.

The term does not include employers, labor unions or health and welfare funds jointly or separately administered by employers or labor unions that purchase or self-fund a program of health care benefits for their employees or members and their dependents.

"Health maintenance organization." An organized system which combines the delivery and financing of health care and which provides basic health services to voluntarily enrolled subscribers for a fixed prepaid fee, as defined in the Health Maintenance Organization Act.

"Hospital." An institution licensed in this Commonwealth which is:

(1) A general, mental, chronic disease or other type of hospital.

(2) A kidney disease treatment center, including kidney disease treatment centers operated by an agency of State or local government.
"Major ambulatory service." Surgical or medical procedures, including diagnostic and therapeutic radiological procedures, commonly performed in hospitals or ambulatory service facilities, which are not of a type commonly performed, or which cannot be safely performed, in physicians' offices and which require special facilities such as operating rooms or suites or special equipment such as fluoroscopic equipment or computed tomographic scanners, or a postprocedure recovery room or short-term convalescent room.

"Medical procedure incidence variations." The variation in the incidence in the population of specific medical, surgical and radiological procedures in any given year, expressed as a deviation from the norm, as these terms are defined in the classical statistical definition of "variation," "incidence," "deviation" and "norm."

"Payment." The payments that providers actually accept for their services, exclusive of charity care, rather than the charges they bill.

"Payor." Any person or entity, including, but not limited to, health care insurers and purchasers, that make direct payments to providers for covered services.

"Physician." An individual licensed under the laws of this Commonwealth to practice medicine and surgery within the scope of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, or the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985.

"Preferred provider organization." Any arrangement between a health care insurer and providers of health care services which specifies rates of payment to such providers which differ from
their usual and customary charges to the general public and
which encourages enrollees to receive health services from such
providers.

"Provider." A hospital, a health care facility, an
ambulatory service facility or a physician.

"Provider quality." The extent to which a provider renders
care that, within the capabilities of modern medicine, obtains
for patients medically acceptable health outcomes and prognoses,
adjusted for patient severity, and treats patients
compassionately and responsively.

"Provider service effectiveness." The effectiveness of
services rendered by a provider, determined by measurement of
the medical outcome of patients grouped by severity receiving
those services.

"Purchaser." Corporations, labor organizations or other
entities that purchase benefits which provide covered services
for their employees or members, either through a health care
insurer or by means of a self-funded program of benefits, and a
certified bargaining representative that represents a group or
groups of employees for whom employers purchase a program of
benefits which provide covered services, but excluding any
entity defined in this section as a "health care insurer."

"Severity." In any patient, the measurable degree of the
potential for failure of one or more vital organs.


(a) Establishment.--The Health Care Cost Containment Council
is established as an independent council.

(b) Composition.--The council shall consist of voting
members, composed of and appointed in accordance with the
following:
(1) The Secretary of Health.
(2) The Secretary of Human Services.
(3) The Insurance Commissioner.
(4) Six representatives of the business community, at least one of whom represents small business, who are purchasers of health care, none of which is primarily involved in the provision of health care or health insurance, three of which shall be appointed by the President pro tempore of the Senate and three of which shall be appointed by the Speaker of the House of Representatives from a list of 12 qualified persons recommended by the Pennsylvania Chamber of Business and Industry. Three nominees shall be representatives of small business.
(5) Six representatives of organized labor, three of which shall be appointed by the President pro tempore of the Senate and three of which shall be appointed by the Speaker of the House of Representatives from a list of twelve qualified persons recommended by the Pennsylvania AFL-CIO.
(6) One representative of consumers who is not primarily involved in the provision of health care or health care insurance, appointed by the Governor from a list of three qualified persons recommended jointly by the Speaker of the House of Representatives and the President pro tempore of the Senate.
(7) Two representatives of hospitals, appointed by the Governor from a list of five qualified hospital representatives recommended by the Hospital and Health System Association of Pennsylvania one of whom shall be a representative of rural hospitals. Each representative under this paragraph may appoint two additional delegates to act.
for the representative only at meetings of committees, as
provided for in subsection (f).

(8) Two representatives of physicians, appointed by the
Governor from a list of five qualified physician
representatives recommended jointly by the Pennsylvania
Medical Society and the Pennsylvania Osteopathic Medical
Society. The representative under this paragraph may appoint
two additional delegates to act for the representative only
at meetings of committees, as provided for in subsection (f).

(8.1) An individual appointed by the Governor who has
expertise in the application of continuous quality
improvement methods in hospitals.

(8.2) One representative of nurses, appointed by the
Governor from a list of three qualified representatives
recommended by the Pennsylvania State Nurses Association.

(9) One representative of the Blue Cross and Blue Shield
plans in Pennsylvania, appointed by the Governor from a list
of three qualified persons recommended jointly by the Blue
Cross and Blue Shield plans of Pennsylvania.

(10) One representative of commercial insurance
carriers, appointed by the Governor from a list of three
qualified persons recommended by the Insurance Federation of
Pennsylvania, Inc.

(11) (Reserved).

(12) Representatives from the General Assembly as
follows:

(i) One Senator appointed by the President pro
tempore of the Senate.

(ii) One Senator appointed by the Minority Leader of
the Senate.
(iii) One member of the House of Representatives appointed by the Speaker of the House of Representatives.

(iv) One member of the House of Representatives appointed by the Minority Leader of the House of Representatives.

(13) In the case of each appointment to be made from a list supplied by a specified organization, it is incumbent upon that organization to consult with and provide a list which reflects the input of other equivalent organizations representing similar interests. Each appointing authority will have the discretion to request additions to the list originally submitted. Additional names will be provided not later than 15 days after such request. Appointments shall be made by the appointing authority no later than 90 days after receipt of the original list. If, for any reason, any specified organization supplying a list should cease to exist, then the respective appointing authority shall specify an equivalent organization to fulfill the responsibilities set forth in this chapter.

(c) Chairperson and vice chairperson.--The members shall annually elect, by a majority vote of the members, a chairperson and a vice chairperson of the council from the business and labor members of the council.

(d) Quorum.--The council shall establish in the council's bylaws the number of members necessary to constitute a quorum.

(e) Meetings.--All meetings of the council shall be advertised and conducted under 65 Pa.C.S. Ch. 7 (relating to open meetings), unless otherwise provided in this section. The following apply:

(1) The council shall meet at least once every two
months and may provide for special meetings as it deems necessary. Meeting dates shall be set by a majority vote of the members of the council or by the call of the chairperson upon seven days' notice to council members. Attendance at the meeting may be accomplished by electronic means so long as each council member attending via electronic means can communicate in real time with the other members of the council and the public.

(2) All meetings of the council shall be publicly advertised, as provided for in this subsection, and shall be open to the public, except that the council, through its bylaws, may provide for executive sessions of the council on subjects permitted to be discussed in such sessions under 65 Pa.C.S. Ch. 7. No act of the council shall be taken in an executive session.

(3) The council shall publish a schedule of its meetings in the Pennsylvania Bulletin, on its publicly accessible Internet website and as provided under 65 Pa.C.S. Ch. 7. The notice shall be published at least once in each calendar quarter and shall list the schedule of meetings of the council to be held in the subsequent calendar quarter. The notice shall specify the date, time and place of the meeting and shall state that the council's meetings are open to the general public, except that no notice shall be required for executive sessions of the council.

(4) All action taken by the council shall be taken in open public session, and action of the council shall not be taken except upon the affirmative vote of a majority of the members of the council present during meetings at which a quorum is present.
(f) Bylaws.--The council shall adopt bylaws, not inconsistent with this chapter, and may appoint such committees or elect such officers subordinate to those provided for in subsection (c) as it deems advisable.

(g) Technical advisory group.--

(1) The council shall appoint a technical advisory group which shall, on an ad hoc basis, respond to issues presented to it by the council or committees of the council and shall make recommendations to the council. The technical advisory group shall include:

(i) Physicians.

(ii) Researchers.

(iii) Biostatisticians.

(iv) One representative of the Hospital and Healthsystem Association of Pennsylvania.

(v) One representative of the Pennsylvania Medical Society.

(2) The Hospital and Healthsystem Association of Pennsylvania and the Pennsylvania Medical Society representatives shall not be subject to executive committee approval. In appointing other physicians, researchers and biostatisticians to the technical advisory group, the council shall consult with and take nominations from the representatives of:

(i) the Hospital Association of Pennsylvania;

(ii) the Pennsylvania Medical Society;

(iii) the Pennsylvania Osteopathic Medical Society;

or

(iv) other like organizations.

(3) At its discretion and in accordance with this
section, nominations shall be approved by the executive committee of the council. If the subject matter of any project exceeds the expertise of the technical advisory group, physicians in appropriate specialties who possess current knowledge of the issue under study may be consulted. The technical advisory group shall also review the availability and reliability of severity of illness measurements as they relate to small hospitals and psychiatric, rehabilitation and children's hospitals and shall make recommendations to the council based upon this review. Meetings of the technical advisory group shall be open to the general public.

(h) Payment data advisory group.--

(1) In order to assure the technical appropriateness and accuracy of payment data, the council shall establish a payment data advisory group to produce recommendations surrounding the collection of payment data, the analysis and manipulation of payment data and the public reporting of payment data. The payment data advisory group shall include technical experts and individuals knowledgeable in payment systems and claims data. The advisory group shall consist of the following members appointed by the council:

(i) One member representing each plan under 40 Pa.C.S. Chs. 61 (relating to hospital plan corporations) and 63 (relating to professional health services plan corporations).

(ii) Two members representing commercial insurance carriers.

(iii) Three members representing health care facilities.
(iv) Three members representing physicians.

(2) The payment data advisory group shall meet at least four times a year and may provide for special meetings as may be necessary.

(3) The payment data advisory group shall review and concur with the technical appropriateness of the use and presentation of data and report its findings to the council prior to any vote to publicly release reports. If the council elects to release a report without addressing the technical concerns of the advisory group, it shall prominently disclose this in the public report and include the comments of the advisory group in the public report.

(4) The payment data advisory group shall exercise all powers necessary and appropriate to carry out its duties, including advising the council on the following:

(i) Collection of payment data by the council.

(ii) Manipulation, adjustments and methods used with payment data.

(iii) Public reporting of payment data by the council.

(i) Compensation and expenses.—The members of the council and any member of an advisory group appointed by the council shall not receive a salary or per diem allowance for serving as members or advisors of the council, but shall be reimbursed for actual and necessary expenses incurred in the performance of their duties. The expenses may include reimbursement of travel and living expenses while engaged in council business.

(j) Terms of council members.—

(1) The terms of the Secretary of Health, the Secretary of Human Services, the Insurance Commissioner and the
legislative representatives shall be concurrent with their holding of public office. The council members under subsection (b)(4), (5), (6), (7), (8), (8.1), (8.2), (9), (10), (11) and (12) shall each serve for a term of four years and shall continue to serve thereafter until their successors are appointed.

(2) Vacancies on the council shall be filled in the manner designated under subsection (b), within 60 days of the vacancy, except that, when vacancies occur among the representatives of business or organized labor, two nominations shall be submitted by the organization specified in subsection (b) for each vacancy on the council. If the officer required in subsection (b) to make appointments to the council fails to act within 60 days of the vacancy, the council chairperson may appoint one of the persons recommended for the vacancy until the appointing authority makes the appointment.

(3) Except for the Secretary of Health, the Secretary of Human Services, the Insurance Commissioner and the legislative representatives, a member may be removed for just cause by the appointing authority after recommendation by a vote of at least 14 members of the council.

(4) No appointed member under subsection (b)(4), (5), (6), (7), (8), (8.1), (8.2), (9), (10), (11) and (12) shall be eligible to serve more than three full consecutive terms of four years beginning on the effective date of this paragraph.

(k) Subsequent appointments.--Submission of lists of recommended persons and appointments of council members for succeeding terms shall be made in the same manner as prescribed
in subsection (b), except that:

(1) Organizations required under subsection (b) to
submit lists of recommended persons shall do so at least 60
days prior to expiration of the council members' terms.

(2) The officer required under subsection (b) to make
appointments to the council shall make the appointments at
least 30 days prior to expiration of the council members'
terms. If the appointments are not made within the specified
time, the council chairperson may make interim appointments
from the lists of recommended individuals. An interim
appointment shall be valid only until the appropriate officer
under subsection (b) makes the required appointment. Whether
the appointment is by the required officer or by the
chairperson of the council, the appointment shall become
effective immediately upon expiration of the incumbent
member's term.

§ 3304. Powers and duties of council.

(a) General powers.--The council shall exercise all powers
necessary and appropriate to carry out its duties, including the
following:

(1) To employ an executive director, investigators and
other staff necessary to comply with the provisions of this
chapter and regulations promulgated thereunder, to employ or
retain legal counsel and to engage professional consultants,
as it deems necessary to the performance of its duties. Any
consultants, other than sole source consultants, engaged by
the council shall be selected in accordance with the
provisions for contracting with vendors set forth in section
3314 (relating to contracts with vendors).

(2) To fix the compensation of all employees and to
prescribe their duties. Notwithstanding the independence of
the council under section 3303(a) (relating to Health Care
Cost Containment Council), employees under this paragraph
shall be deemed employees of the Commonwealth for the
purposes of participation in the Pennsylvania Employee
Benefit Trust Fund.

(3) To make and execute contracts and other instruments,
including those for purchase of services and purchase or
leasing of equipment and supplies, necessary or convenient to
the exercise of the powers of the council. Any such contract
shall be in accordance with the provision for contracting
with vendors set forth in section 3314.

(4) To conduct examinations and investigations, to
conduct audits, under the provisions of subsection (c), and
to hear testimony and take proof, under oath or affirmation,
at public or private hearings, on any matter necessary to its
duties.

(5) To provide hospitals with individualized data on
patient safety indicators under section 3305(c)(8) (relating
to data submission and collection). The data shall be risk
adjusted and made available to hospitals electronically and
free of charge on a quarterly basis within 45 days of receipt
of the corrected quarterly data from the hospitals. The data
is intended to provide the patient safety committee of each
hospital with information necessary to assist in conducting
patient safety analysis.

(6) To do all things necessary to carry out its duties
under the provisions of this chapter.

(b) Rules and regulations.--

(1) The council may promulgate rules and regulations as
necessary and appropriate to implement this act.

(2) Regulations promulgated by the council shall be promulgated in accordance with the act of June 25, 1982 (P.L.633, No.181), known as the Regulatory Review Act.

(3) Rules and regulations in effect prior to the effective date of this section shall remain in effect.

(c) Audit powers.--The council shall have the right to independently audit all information required to be submitted by data sources as needed to corroborate the accuracy of the submitted data, pursuant to the following:

(1) Audits of information submitted by providers or health care insurers shall be performed on a sample and issue-specific basis, as needed by the council, and shall be coordinated, to the extent practicable, with audits performed by the Commonwealth. All health care insurers and providers are hereby required to make those books, records of accounts and any other data needed by the auditors available to the council at a convenient location within 30 days of written notification by the council.

(2) Audits of information submitted by purchasers shall be performed on a sample basis, unless there exists reasonable cause to audit specific purchasers, but in no case shall the council have the power to audit financial statements of purchasers.

(3) All audits performed by the council shall be performed at the expense of the council.

(4) The results of audits of providers or health care insurers shall be provided to the audited providers and health care insurers on a timely basis, not to exceed 30 days beyond presentation of audit findings to the council.
(d) General duties and functions.--The council is hereby authorized to and shall perform the following duties and functions:

(1) Develop a computerized system for the collection, analysis and dissemination of data. The council may contract with a vendor who will provide data processing services. The council shall assure that the system will be capable of processing all data required to be collected under this chapter. Any vendor selected by the council shall be selected in accordance with the provisions of section 3314, and the vendor shall relinquish any and all proprietary rights or claims to the database created as a result of implementation of the data processing system.

(2) Establish a Pennsylvania Uniform Claims and Billing Form for all data sources and all providers, which shall be utilized and maintained by all data sources and all providers for all services covered under this chapter.

(3) (Reserved).

(4) Collect and disseminate data, as specified in sections 3305 and 3306 (relating to data dissemination and publication), and other information from data sources to which the council is entitled, prepared according to formats, time frames and confidentiality provisions as specified in sections 3305 and 3308 (relating to Right-to-Know Law and access to council data), and by the council.

(5) Adopt and implement a methodology to collect and disseminate data reflecting provider quality, provider service effectiveness, utilization and the cost of health care services under sections 3305 and 3306.

(6) Subject to the restrictions on access to raw data
set forth in section 3308, issue special reports and make
available raw data to a purchaser requesting it. Sale by a
recipient or exchange or publication by a recipient, other
than a purchaser, of council raw data to other parties
without the express written consent of, and under terms
approved by, the council shall be unauthorized use of data
under section 3308(d).

(7) On an annual basis, publish in the Pennsylvania
Bulletin a list of all the raw data reports it has prepared
under section 3308(g) and a description of the data obtained
through each computer-to-computer access it has provided
under section 3308(g) and of the names of the parties to whom
the council provided the reports or the computer-to-computer
access during the previous month.

(8) Promote competition in the health care and health
insurance markets.

(9) Assure that the use of council data does not raise
access barriers to care.

(10) Provide information on the allowed and paid costs
of medical services in terminology that may be reasonably
understood by the average individual consumer of health care
services. The council shall present the cost information in
conjunction with information on quality of care delivery, if
quality information is reasonably available to the council,
so that the average individual consumer of health care
services may use the information to inform purchasing
decisions.

(11) In consultation with the Insurance Department and
the Department of Health, make annual reports to the General
Assembly on the rate of increase in the cost of health care
in this Commonwealth, including, but not limited to, the following:

(i) The rate of increase in health insurance premiums in this Commonwealth.

(ii) Regional trends in cost of health care and health insurance premiums.

(iii) The effectiveness of the council in carrying out the legislative intent of this chapter.

(iv) The quality and effectiveness of health care and access to health care for all citizens of this Commonwealth.

(12) In the discretion of the council, make recommendations on the need for further health care cost containment legislation.

(13) Conduct studies and publish reports analyzing the effects that outpatient, alternative health care delivery systems have on health care costs. The systems shall include, but are not limited to, health maintenance organizations; preferred provider organizations; primary health care facilities; home health care; attendant care; ambulatory service facilities; freestanding emergency centers; birthing centers; and hospice care. The reports shall be submitted to the General Assembly and shall be made available to the public.

(14) Conduct studies and make reports concerning the utilization of experimental and nonexperimental transplant surgery and other highly technical and experimental procedures, including costs and mortality rates.

§ 3305. Data submission and collection.

(a) Submission of data.—
(1) The council is authorized to collect and data
sources are required to submit, upon request of the council,
all data required in this section, according to uniform
submission formats, coding systems and other technical
specifications necessary to render the incoming data
substantially valid, consistent, compatible and manageable
using electronic data processing according to data submission
schedules. The schedules shall avoid, to the extent possible,
submission of identical data from more than one data source.
The uniform submission formats, coding systems and other
technical specifications may be established by the council
pursuant to its authority under section 3304(b) (relating to
powers and duties of council). If payor data is requested by
the council, it shall, to the extent possible, be obtained
from primary payor sources. The council shall not require any
data source to contract with any specific vendor for
submission of any specific data elements to the council.

(2) In carrying out its responsibilities, the council
shall not require health care facilities to report data
elements which are not included in the manual developed by
the National Uniform Billing Committee. The council shall
publish in the Pennsylvania Bulletin a list of no more than
35 diseases, procedures and medical conditions for which data
under subsections (c)(22) and (d) shall be required. The list
shall not represent more than 50% of total hospital
discharges, based upon the previous year's hospital discharge
data. Subsequent to the publication of the list, any data
submission requirements under subsections (c)(22) and (d)
previously in effect shall be null and void for diseases,
procedures and medical conditions not found on the list. All
other data elements under subsection (c) shall continue to be required from data sources. The council shall review the list and may add no more than a net of three diseases, procedures or medical conditions per year over a five-year period. The adjusted list of diseases, procedures and medical conditions shall at no time be more than 50% of total hospital discharges.

(b) Pennsylvania Uniform Claims and Billing Form.--The council shall maintain a Pennsylvania Uniform Claims and Billing Form format. The council shall furnish the claims and billing form format to all data sources, and the claims and billing form shall be utilized and maintained by all data sources for all services covered by this chapter. The Pennsylvania Uniform Claims and Billing Form shall consist of the Uniform Hospital Billing Form, as developed by the National Uniform Billing Committee, with additional fields as necessary to provide all of the data set forth in subsections (c) and (d).

(c) Data elements.--For each covered service performed in this Commonwealth, the council shall be required to collect the following data elements:

(1) uniform patient identifier, continuous across multiple episodes and providers;
(2) patient date of birth;
(3) patient sex;
(4) patient race, consistent with the method of collection of race/ethnicity data by the United States Bureau of the Census and the United States Standard Certificates of Live Birth and Death;
(5) patient zip code number;
(6) date of admission;
(7) date of discharge;

(8) principal and secondary diagnoses by standard code, including external cause of injury, complication, infection and childbirth;

(9) principal procedure by council-specified standard code and date;

(10) up to three secondary procedures by council-specified standard codes and dates;

(11) uniform health care facility identifier, continuous across episodes, patients and providers;

(12) uniform identifier of admitting physician, by unique physician identification number established by the council, continuous across episodes, patients and providers;

(13) uniform identifier of consulting physicians, by unique physician identification number established by the council, continuous across episodes, patients and providers;

(14) total charges of health care facility, segregated into major categories, including, but not limited to, room and board, radiology, laboratory, operating room, drugs, medical supplies and other goods and services according to guidelines specified by the council;

(15) actual payments to health care facility, segregated, if available, according to the categories specified in paragraph (14);

(16) charges of each physician or professional rendering service relating to an incident of hospitalization or treatment in an ambulatory service facility;

(17) actual payments to each physician or professional rendering service under paragraph (16);

(18) uniform identifier of primary payor;
(19) zip code number of facility where health care service is rendered;
(20) uniform identifier for payor group contract number;
(21) patient discharge status; and
(22) provider service effectiveness and provider quality under section 3304(d).

(d) Provider quality and provider service effectiveness data elements.--In carrying out its duty to collect data on provider quality and provider service effectiveness under subsection (c), subsection (22) and section 3304(d)(5), the council shall define a methodology to measure provider service effectiveness, which may include additional data elements to be specified by the council sufficient to carry out its responsibilities under section 3304(d)(5). The council shall not require health care insurers to report on data elements that are not reported to nationally recognized accrediting organizations, to the Department of Health, the Department of Human Services or the Insurance Department, in quarterly or annual reports. The council shall not require reporting by health care insurers in different formats than are required for reporting to nationally recognized accrediting organizations or on quarterly or annual reports submitted to the Department of Health, the Department of Human Services or the Insurance Department. The council may adopt the quality findings as reported to nationally recognized accrediting organizations. Additional quality data elements must be defined and released for public comment prior to use.

(e) Reserve field utilization and addition or deletion of data elements.--The council shall include in the Pennsylvania Uniform Claims and Billing Form a reserve field. The council may utilize the reserve field by adding other data elements beyond
those required to carry out its responsibilities under subsections (c) and (d) and section 3304(d)(4) and (5), or the council may delete data elements from the Pennsylvania Uniform Claims and Billing Form only by a majority vote of the council and only pursuant to the following procedure:

(1) The council shall obtain a cost-benefit analysis of the proposed addition or deletion which shall include the cost to data sources of any proposed additions.

(2) The council shall publish notice of the proposed addition or deletion, along with a copy or summary of the cost-benefit analysis, in the Pennsylvania Bulletin, and the notice shall include provision for a 60-day comment period.

(3) The council may hold additional hearings or request such other reports as it deems necessary and shall consider the comments received during the 60-day comment period and any additional information gained through the hearings or other reports in making a final determination on the proposed addition or deletion.

(f) Other data required to be submitted.--Each provider is hereby required to submit, and the council is hereby authorized to collect, in accordance with submission dates and schedules established by the council, the following additional data in its possession, provided the data is not available to the council from public records:

(1) Audited annual financial reports of all hospitals and ambulatory service facilities providing covered services as defined in section 3302.

(2) The Medicare cost report for Medical Assistance or successor forms, including the settled Medicare cost report.

(3) Additional data, including, but not limited to, data
which can be used in reports about:

(i) the incidence of medical and surgical procedures
    in the population for individual providers;

(ii) physicians who provide covered services and
    accept medical assistance patients;

(iii) physicians who provide covered services and
    accept Medicare assignment as full payment;

(iv) mortality rates for specified diagnoses and
    treatments, grouped by severity, for individual
    providers;

(v) rates of infection for specified diagnoses and
    treatments, grouped by severity, for individual
    providers;

(vi) morbidity rates for specified diagnoses and
    treatments, grouped by severity, for individual
    providers;

(vii) readmission rates for specified diagnoses and
    treatments, grouped by severity, for individual
    providers;

(viii) rate of incidence of postdischarge
    professional care for selected diagnoses and procedures,
    grouped by severity, for individual providers; and

(ix) data from other public sources.

(4) Any other data the council requires to carry out its
    responsibilities under section 3304(d).

(g) Review and correction of data.--The council shall
    provide a reasonable period for data sources to review and
    correct the data submitted under this section which the council
    intends to prepare and issue in reports to the General Assembly,
    to the general public or in special studies and reports under
section 3309 (relating to special studies and reports). When
corrections are provided, the council shall correct the
appropriate data in its data files and subsequent reports.

(h) Allowance for clarification or dissents.--The council
shall maintain a file of written statements submitted by data
sources who wish to provide an explanation of data that they
feel might be misleading or misinterpreted. The council shall
provide access to the file to any person and shall, where
practical, in its reports and data files indicate the
availability of such statements. When the council agrees with
such statements, it shall correct the appropriate data and
comments in its data files and subsequent reports.

(i) Allowance for correction.--The council shall verify the
patient safety indicator data submitted by hospitals under
subsection (c)(8) within 60 days of receipt. The council may
allow hospitals to make changes to the data submitted during the
verification period. After the verification period, but within
45 days of receipt of the adjusted hospital data, the council
shall risk adjust the information and provide reports to the
patient safety committee of the relevant hospital.

(j) Availability of data.--Nothing in this chapter shall
prohibit a purchaser from obtaining from its health care
insurer, nor relieve the health care insurer from the obligation
of providing the purchaser, on terms consistent with past
practices, data previously provided or additional data not
currently provided to the purchaser by the health care insurer
pursuant to any existing or future arrangement, agreement or
understanding.

§ 3306. Data dissemination and publication.

(a) Public reports.--Subject to the restrictions on access
to council data set forth in section 3308 (relating to Right-to-
Know Law and access to council data) and utilizing the data
collected under section 3305 (relating to data submission and
collection), as well as other data, records and matters of
record available to it, the council shall prepare and issue
reports to the General Assembly and to the general public
according to the following provisions:

(1) The council shall, for every provider of both
inpatient and outpatient services within this Commonwealth
and within appropriate regions and subregions, prepare and
issue reports on provider quality and service effectiveness
on diseases or procedures that, when ranked by volume, cost,
payment and high variation in outcome, represent the best
opportunity to improve overall provider quality, improve
patient safety and provide opportunities for cost reduction.
These reports shall provide comparative information on the
following:

(i) Differences in mortality rates; differences in
length of stay; differences in complication rates;
differences in readmission rates; differences in
infection rates; and other comparative outcome measures
the council may develop that will allow purchasers,
providers and consumers to make purchasing and quality
improvement decisions based upon quality patient care and
to restrain costs.

(ii) The incidence rate of selected medical or
surgical procedures, the quality and service
effectiveness and the payments received for those
providers, identified by the name and type or specialty,
for which these elements vary significantly from the
norms for all providers.

(2) In preparing its reports under paragraph (1), the
council shall ensure that factors which have the effect of
either reducing provider revenue or increasing provider costs
and other factors beyond a provider's control which reduce
provider competitiveness in the marketplace are explained in
the reports. The council shall also ensure that any
clarifications and dissents submitted by individual providers
under section 3305(h) are noted in any reports that include
release of data on that individual provider.

(b) Raw data reports and computer access to council data.--
The council shall provide special reports derived from raw data
and a means for computer-to-computer access to its raw data to a
purchaser under section 3308(g). The council shall provide the
reports and computer-to-computer access, at its discretion, to
other parties under section 3308(i). The council shall provide
these special reports and computer-to-computer access in as
timely a fashion as the council's responsibilities to publish
the public reports required in this section will allow. Any
provision of special reports or computer-to-computer access by
the council shall be made only subject to the restrictions on
access to raw data set forth in section 3308(c) and only after
payment for costs of preparation or duplication under section
3308(g) or (i).

§ 3307. Mandated health benefits.

In relation to current law or proposed legislation, the
council shall, upon the request of the appropriate committee
chairman in the Senate and in the House of Representatives or
upon the request of the Secretary of Health or the Secretary of
Human Services, provide information on the proposed mandated
health benefit pursuant to the following:

(1) The General Assembly hereby declares that proposals for mandated health benefits or mandated health insurance coverage should be accompanied by adequate, independently certified documentation defining the social and financial impact and medical efficacy of the proposal. To that end, the council, upon receipt of such requests, is hereby authorized to conduct a preliminary review of the material submitted by both proponents and opponents concerning the proposed mandated benefit. If, after this preliminary review, the council is satisfied that both proponents and opponents have submitted sufficient documentation necessary for a review under paragraphs (3) and (4), the council is directed to contract with individuals, pursuant to the selection procedures for vendors set forth in section 3314 (relating to contracts with vendors), who will constitute a Mandated Benefits Review Panel to review mandated benefits proposals and provide independently certified documentation, as provided for in this section.

(2) The panel shall consist of the following senior researchers, each of whom shall be a recognized expert:

(i) one in health research;
(ii) one in biostatistics;
(iii) one in economic research;
(iv) one, a physician, in the appropriate specialty with current knowledge of the subject being proposed as a mandated benefit; and
(v) one with experience in insurance or actuarial research.

(3) The Mandated Benefits Review Panel shall have the
following duties and responsibilities:

(i) To review documentation submitted by a person proposing or opposing mandated benefits within 90 days of submission of the documentation to the panel.

(ii) To report to the council, pursuant to the council's review under subparagraph (i), the following:

(A) Whether or not the documentation is complete as defined in paragraph (4).

(B) Whether or not the research cited in the documentation meets professional standards.

(C) Whether or not all relevant research respecting the proposed mandated benefit has been cited in the documentation.

(D) Whether or not the conclusions and interpretations in the documentation are consistent with the data submitted.

(4) A person proposing or opposing legislation mandating benefits coverage should, to provide the Mandated Benefits Review Panel with sufficient information to carry out the Mandated Benefits Review Panel's duties and responsibilities under paragraph (3), submit documentation to the council, pursuant to the procedure established under paragraph (5), which demonstrates the following:

(i) The extent to which the proposed benefit and the services the proposed benefit would provide are needed by, available to and utilized by the population of this Commonwealth.

(ii) The extent to which insurance coverage for the proposed benefit already exists or, if no coverage exists, the extent to which the lack of coverage results
in inadequate health care or financial hardship for the population of this Commonwealth.

(iii) The demand for the proposed benefit from the public and the source and extent of opposition to mandating the benefit.

(iv) All relevant findings bearing on the social impact of the lack of the proposed benefit.

(v) If the proposed benefit mandates coverage of a particular therapy, the results of at least one professionally accepted, controlled trial comparing the medical consequences of the proposed therapy, alternative therapies and no therapy.

(vi) If the proposed benefit mandates coverage of an additional class of practitioners, the results of at least one professionally accepted, controlled trial comparing the medical results achieved by the additional class of practitioners and those practitioners already covered by benefits.

(vii) The results of any other relevant research.

(viii) Evidence of the financial impact of the proposed legislation, including at least the following:

(A) The extent to which the proposed benefit would increase or decrease cost for treatment or service.

(B) The extent to which similar mandated benefits in other states have affected charges, costs and payments for services.

(C) The extent to which the proposed benefit would increase the appropriate use of the treatment or service.
(D) The impact of the proposed benefit on administrative expenses of health care insurers.

(E) The impact of the proposed benefits on benefits costs of purchasers.

(F) The impact of the proposed benefits on the total cost of health care within this Commonwealth.

(5) The procedure for review of documentation shall be as follows:

(i) A person wishing to submit information on proposed legislation mandating insurance benefits for review by the panel must submit the documentation specified under paragraph (4) to the council.

(ii) The council shall, within 30 days of receipt of the documentation:

(A) Publish in the Pennsylvania Bulletin notice of receipt of the documentation, a description of the proposed legislation, provision for a period of 60 days for public comment and the time and place at which a person may examine the documentation.

(B) Submit copies of the documentation to the Secretary of Health, the Secretary of Human Services and the Insurance Commissioner, who shall review and submit comments to the council on the proposed legislation within 30 days.

(C) Submit copies of the documentation to the panel, which shall review the documentation and issue their findings, subject to paragraph (3), within 90 days.

(iii) Upon receipt of the comments of the Secretary of Health, the Secretary of Human Services and the
Insurance Commissioner and of the findings of the panel, under subparagraph (ii), but no later than 120 days following the publication required in subparagraph (ii), the council shall submit the comments and findings, together with the council's recommendations respecting the proposed legislation, to the Governor, the President pro tempore of the Senate, the Speaker of the House of Representatives, the Secretary of Health, the Secretary of Human Services, the Insurance Commissioner and the person who submitted the information under subparagraph (i).

§ 3308. Right-to-Know Law and access to council data.

(a) Public access.--The information and data received by the council shall be utilized by the council for the benefit of the public and public officials. Subject to the specific limitations set forth in this section and section 3101.1 of the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law, the council shall make determinations on requests for information in favor of access. Payor discounts and allowances are confidential proprietary information and, as such, are not records subject to the requirements for public access under the Right-to-Know Law.

(b) Outreach programs.--The council shall develop and implement outreach programs designed to make the council's information understandable and usable to purchasers, providers, other Commonwealth agencies and the general public. The programs shall include efforts to educate through pamphlets, booklets, seminars and other appropriate measures and to facilitate making more informed health care choices.

(c) Limitations on access.--Unless specifically provided for
under this chapter, neither the council nor any contracting system vendor shall release and no data source, person, member of the public or other user of any data of the council shall gain access to:

(1) Any raw data of the council that does not simultaneously disclose payment, as well as provider quality and provider service effectiveness pursuant to sections 3304(d)(5) (relating to powers and duties of council) and 3305(d) (relating to data submission and collection).

(2) Any raw data of the council which could reasonably be expected to reveal the identity of an individual patient.

(3) Any raw data of the council which could reasonably be expected to reveal the identity of any purchaser, other than a purchaser requesting data on its own group or an entity entitled to said purchaser's data pursuant to subsection (g).

(4) Any raw data of the council relating to actual payments to any identified provider made by any purchaser, except that this provision shall not apply to access by a purchaser requesting data on the group for which it purchases or otherwise provides covered services or to access to that same data by an entity entitled to the purchaser's data pursuant to subsection (g).

(5) Any raw data disclosing discounts or allowances between identified payors and providers unless the data is released in a Statewide, aggregate format that does not identify any individual payor or class of payors, directly or indirectly through the use of a market share, and unless the council assures that the release of such information is not prejudicial or inequitable to any individual payor or
provider or group thereof. Payor data shall be released to individual providers for purposes of verification and validation prior to inclusion in a public report. An individual provider shall verify and validate the payor data within 30 days of its release to that specific individual provider.

(d) Unauthorized use of data.--A person who knowingly releases council data violating raw data safeguards under this section to an unauthorized person commits a misdemeanor of the first degree and shall, upon conviction, be sentenced to pay a fine of $10,000 or to imprisonment for not more than five years, or both. An unauthorized person who knowingly receives or possesses the data commits a misdemeanor of the first degree.

(e) Unauthorized access to data.--If person inadvertently or by council error gains access to data that violates the safeguards under this section, the data must immediately be returned, without duplication, to the council with proper notification.

(f) Public access to records.--Each public report prepared by the council shall be a public record and shall be available to the public for a reasonable fee. Copies shall be provided, upon request of the chair, to the Health and Human Services Committee of the Senate and the Health Committee and Human Services Committee of the House of Representatives.

(g) Access to council raw data by purchasers.--Pursuant to sections 3304(d)(6) and 3306(b) (relating to data dissemination and publication) and subject to the limitations on access under subsection (c), the council shall provide access to the council's raw data to purchasers, excluding purchasers that provide covered services other than through the purchase of
fully funded insurance from a health care insurer but that are not elective health care payor data sources, in accordance with the following procedure:

(1) Special reports derived from raw data of the council shall be provided by the council to the purchaser requesting such reports.

(2) A means to enable computer-to-computer access by the purchaser to raw data of the council shall be developed, adopted and implemented by the council. The council shall provide the access to the council's raw data to a purchaser upon request.

(3) If an employer obtains from the council, under paragraph (1) or (2), data pertaining to the employer's employees and the employees' dependents for whom the employer purchases or otherwise provides covered services and who are represented by a certified collective bargaining representative, the collective bargaining representative shall be entitled to the data, after payment of fees under paragraph (4). If a certified collective bargaining representative obtains from the council, under paragraph (1) or (2), data pertaining to the employer's members and the member's dependents who are employed by and for whom covered services are purchased or otherwise provided by an employer, the employer shall be entitled to the data, after payment of fees under paragraph (4).

(4) In providing for access to its raw data, the council shall charge the purchasers which originally obtained the access a fee sufficient to cover the council’s costs to prepare and provide special reports requested under paragraph (1) or to provide computer-to-computer access to its raw data.
requested under paragraph (2). If a second or subsequent party requests the information under paragraph (3), the council shall charge the party a reasonable fee.

(h) Access to council raw data by State agencies.--The council shall develop and execute memoranda of understanding with any State agency upon request of that agency, including the Insurance Department, the Department of Health and the Department of Human Services, to allow the agency access to the data.

(i) Access to council raw data by other parties.--Subject to the limitations on access to council raw data under subsection (c), the council may provide special reports derived from the council's raw data or computer-to-computer access to parties other than purchasers provided access under subsection (g). The council may publish regulations that set forth the criteria and the procedure the council shall use in making determinations on the access, pursuant to the powers vested in the council under section 3304. In providing the access, the council shall charge the party requesting the access a reasonable fee.

§ 3309. Special studies and reports.

(a) Special studies.--A Commonwealth agency, the Senate or the House of Representatives may direct the council to publish or contract for publication of special studies, including, but not limited to, a special study on diseases and the cost of health care related to particular diseases in this Commonwealth. A special study published under this subsection shall become a public document.

(b) Special reports.--

(1) A Commonwealth agency, the Senate or the House of Representative may study and issue a report on the special
medical needs, demographic characteristics, access or lack thereof to health care services and need for financing of health care services of:

(i) Senior citizens, particularly low-income senior citizens, senior citizens who are members of minority groups and senior citizens residing in low-income urban or rural areas.

(ii) Low-income urban or rural areas.

(iii) Minority communities.

(iv) Women.

(v) Children.

(vi) Unemployed workers.

(vii) Veterans.

(2) The reports under paragraph (1) shall include information on the current availability of services to the targeted parts of the population under paragraph (1), whether access to the services has increased or decreased over the past 10 years and specific recommendations for the improvement of the primary care and health delivery systems of targeted parts of the population under paragraph (1), including disease prevention and comprehensive health care services. The agency may study and report on the effects of using prepaid, capitated or health maintenance organization health delivery systems as ways to promote the delivery of primary health care services to the underserved segments of the population enumerated above.

(3) The agency may study and report on the short-term and long-term fiscal and programmatic impact on the health care consumer of changes in ownership of hospitals from nonprofit to profit, whether through purchase, merger or the
like. The agency may study and report on factors which have
the effect of either reducing provider revenue or increasing
provider cost and other factors beyond a provider's control
which reduce provider competitiveness in the marketplace.

§ 3310. Enforcement and penalty.
(a) Compliance enforcement.--The council shall have standing
to bring an action in law or in equity through private counsel
in any court of common pleas to enforce compliance with any
provision of this chapter, except section 3309 (relating to
special studies and reports), or any requirement or appropriate
request of the council made under this chapter. The Attorney
General is authorized and shall bring an enforcement action in
aid of the council in a court of common pleas at the request of
the council and in the name of the Commonwealth.

(b) Penalty.--
(1) Any person who fails to supply data under section
3305 (relating to data submission and collection) may be
assessed a civil penalty not to exceed $1,000 for each day
the data is not submitted.

(2) Any person who knowingly submits inaccurate data
under section 3305 commits a misdemeanor of the third degree
and shall, upon conviction, be sentenced to pay a fine of
$1,000 or to imprisonment for not more than one year, or
both.

§ 3311. Research and demonstration projects.
The council shall actively encourage research and
demonstrations to design and test improved methods of assessing
provider quality, provider service effectiveness, efficiency and
cost containment. If no data submission requirements in a
mandated demonstration exceed the current reserve field on the

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Pennsylvania Uniform Claims and Billing Form or the data submission requirements of the Pennsylvania health care payor claims data submission manual, the council may:

(1) Authorize contractors engaged in health services research selected by the council, under section 3314 (relating to contracts with vendors), to have access to the council's raw data files, if the entity assumes a contractual obligation imposed by the council to assure patient identity confidentiality.

(2) Place data sources participating in research and demonstrations on different data submission requirements from other data sources in this Commonwealth.

(3) Require data source participation in research and demonstration projects if this is the only testing method the council determines is promising.

§ 3312. Grievances and grievance procedures.
(a) Procedures and requirements.--Pursuant to its powers to publish regulations under section 3304 (relating to powers and duties of council) and with the requirements of this section, the council may establish procedures and requirements for the filing, hearing and adjudication of grievances against the council of a data source. The procedures and requirements shall be published in the Pennsylvania Bulletin pursuant to law.
(b) Claims and hearings.--Grievance claims of a data source shall be submitted to the council or to a third party designated by the council. The council or the designated third party shall convene a hearing, if requested, and adjudicate the grievance.

§ 3313. Antitrust provisions.
A person or entity required or permitted to submit data or information under this chapter or receiving data or information

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from the council in accordance with this chapter are declared to be acting pursuant to State requirements embodied in this chapter and shall be exempt from antitrust claims or actions grounded upon submission or receipt of the data or information.

§ 3314. Contracts with vendors.

A contract with a vendor other than a sole source vendor for purchase of services or for purchase or lease of supplies and equipment related to the council's powers and duties shall be let only after a public bidding process and only in accordance with the following provisions:

(1) The council shall prepare specifications fully describing the services to be rendered or equipment or supplies to be provided by a vendor and shall make the specifications available for inspection by a person at the council's offices during normal working hours and at other places and other times as the council deems advisable.

(2) The council shall publish notice of invitations to bid in the Pennsylvania Bulletin and on the council's publicly accessible Internet website. The notice shall include at least the following:

(i) The deadline for submission of bids by prospective vendors, which shall be no sooner than 30 days following the latest publication of the notice as prescribed under this paragraph.

(ii) The locations, dates and times during which prospective vendors may examine the specifications required under paragraph (1).

(iii) The date, time and place of the meeting or meetings of the council at which bids will be opened and accepted.
(iv) A statement to the effect that any person is eligible to bid.

(3) Bids shall be accepted as follows:

   (i) A council member who is affiliated in any way with a bidder may not vote on the awarding of a contract for which the bidder has submitted a bid. A council member who has an affiliation with a bidder shall state the nature of the affiliation prior to a vote of the council.

   (ii) Bids shall be opened and reviewed by the appropriate council committee, which shall make recommendations to the council on approval. Bids shall be accepted and the acceptance shall be announced only at a public meeting of the council as defined in section 3303(e) (relating to Health Care Cost Containment Council). A bid may not be accepted at an executive session of the council.

   (iii) The council may require that a certified check, in an amount determined by the council, accompany every bid. If required, a bid may not be accepted unless accompanied by a certified check.

(4) In order to prevent a party from deliberately underbidding contracts in order to gain or prevent access to council data, the council may award a contract at the council's discretion, regardless of the amount of the bid, as follows:

   (i) A bid accepted must reasonably reflect the actual cost of services provided.

   (ii) A vendor selected by the council under this paragraph must be found by the council to be of the
character and integrity as to assure, to the maximum
extent possible, adherence to this chapter in the
provision of contracted services.

(iii) The council may require the selected vendor to
furnish, within 20 days after the contract has been
awarded, a bond with suitable and reasonable requirements
guaranteeing the services to be performed with sufficient
surety in an amount determined by the council. If the
bond is not furnished within the time specified, the
previous award shall be void.

(5) The council shall make efforts to assure that the
council's vendors have established affirmative action plans
to assure equal opportunity policies for hiring and promoting
employees.

§ 3315. Reporting.
The council shall provide an annual report of its financial
expenditures to the Appropriations Committee and Health and
Human Services Committee of the Senate and the Appropriations
Committee, the Health Committee and the Human Services Committee
of the House of Representatives.

§ 3316. Severability.
The provisions of this chapter are severable. If a provision
of this chapter or the provision's application to a person or
circumstance is held invalid, the invalidity shall not affect
other provisions or applications of this chapter which can be
given effect without the invalid provision or application.

Section 2. The following apply:

(1) Actions taken by the Health Care Cost Containment
Council from the period from June 30, 2014, to the effective
date of this section are validated.
(2) New positions on the Health Care Cost Containment Council created under 35 Pa.C.S. Ch. 33 shall be filled in the manner designated under 35 Pa.C.S. § 3303(b) no later than 60 days after the effective date of this section.

Organizations required under 35 Pa.C.S. § 3303(b) to submit lists of recommended persons to fill new positions on the council shall do so no later than 30 days after the effective date of this section.

(3) There shall be no lapse in the employment relationship for employees of the Health Care Cost Containment Council, including salary, seniority, benefits and retirement eligibility of the employees.

Section 3. This act shall take effect immediately.